

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

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(FOR USE WITH FORM PTO-875)

619101

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						1						
2		1					2						
3		2					3						
4		1					4						
5		1					5						
6		1					6						
7		1					7						
8		1					8						
9		1					9						
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43							43						
44							44						
45							45						
46							46						
47							47						
48							48						
49							49						
50							50						
TOTAL IND.	1		2				TOTAL IND.						
TOTAL DEP.	20		14				TOTAL DEP.						
TOTAL CLAIMS	21		16				TOTAL CLAIMS						